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## APPLICANTS

Joshua D. Rabinowitz, Mountain View, CA;

Alejandro C. Zaffaroni, Atherton, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/155,703 05/22/2002 PAT 6,803,031  
 which claims benefit of 60/294,203 05/24/2001  
 and claims benefit of 60/317,479 09/05/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/03/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials:	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 2440	INDEPENDENT CLAIMS 5
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## ADDRESS

IP Department  
 Alexza Molecular Delivery Corporation  
 1001 East Meadow Circle  
 Palo Alto, CA  
 94303

## TITLE

Delivery of erectile dysfunction drugs through an inhalation route /

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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